

A. DESIGNATION—COMPLETED BY BUMED

FROM: CHIEF, BUREAU OF MEDICINE AND SURGERY

NAME (First, Middle Initial, Last)

GRADE

SOCIAL SECURITY NO.

DESIGNATOR

TO:

YOU HAVE BEEN DESIGNATED BY A VARIABLE INCENTIVE PAY SELECTION BOARD AS A MILITARY MEDICAL OFFICER WHO MERITS HAVING A PREMIUM PLACED UPON YOUR PROCUREMENT OR RETENTION ON ACTIVE DUTY IN THE SPECIALTY OF:

B. CONTRACTUAL CONSIDERATIONS

YOU ARE ADVISED THAT THIS CONTRACT IS NULL AND VOID IF NOT ACCEPTED WITHIN 6 MONTHS OF THE DATE OF ELIGIBILITY OR DATE OF ISSUE WHICHEVER IS LATER. THE *EFFECTIVE DATE* OF ENTITLEMENT OF THIS CONTRACT IS THE DATE OF ELIGIBILITY OR THE DATE OF ACCEPTANCE IF MORE THAN 30 DAYS SUBSEQUENT TO THE DATE OF ELIGIBILITY.

DATE OF ELIGIBILITY FOR VARIABLE INCENTIVE PAY	YEAR	MONTH	DAY	SIGNATURE (By direction)	DATE OF ISSUE (Yr., Mo., Day)
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C. MEMBER'S AGREEMENT TO REMAIN ON ACTIVE DUTY FOR ACCEPTANCE OF VIP

(In words)

To receive variable incentive pay I agree to serve on active duty in the Navy Medical Corps for _____ year(s). Such service to commence on the effective date of entitlement to variable incentive pay. I understand that if I do not serve on active duty as a medical officer for the full period under this agreement that I will refund that amount as prescribed in current Secretary of the Navy Instruction and the DOD Military Pay and Allowances Entitlement Manual.

I understand that the schedule of variable incentive pay payments is fixed for the duration of the contract and cannot be renegotiated because of a change in my financial plans. Given these considerations,

I DESIRE PAYMENT IN:

- ☐ MONTHLY INSTALLMENTS
☐ SEMI-ANNUAL INSTALLMENTS
☐ EQUAL ANNUAL INSTALLMENTS UPON THE EFFECTIVE DATE AND THE ANNIVERSARY THEREOF
☐ LUMP SUM AFTER COMPLETION OF THE TOTAL PERIOD OF ACTIVE DUTY SPECIFIED IN THIS AGREEMENT

SIGNATURE OF MEMBER

DATE OF ACCEPTANCE

D. CERTIFICATION BY COMMANDING OFFICER

PAY ENTRY BASE DATE

YEAR	MONTH	DAY

(Obtain from NavPers 15,018 or NavPers 1301/6—If not established see DODPM, PAR. 10109)

EFFECTIVE DATE (Date of eligibility (Section B), or date of acceptance (Section C) if more than 30 days later than date of eligibility)

YEAR	MONTH	DAY

TYPED NAME AND GRADE OF COMMANDING OFFICER

SIGNATURE OF COMMANDING OFFICER

DATE

E. DISBURSING OFFICER'S CERTIFICATION (Do not effect payment prior to effective date)

TOTAL VARIABLE INCENTIVE PAY ENTITLEMENT UNDER THIS CONTRACT IS

\$

TO BE PAID AS FOLLOWS:

MONTHLY INSTALLMENTS

\$

SEMI-ANNUAL INSTALLMENTS

\$

ANNUAL INSTALLMENTS

\$

LUMP-SUM PAYMENT ON

YEAR	MONTH	DAY

(COMPLETION OF THE TOTAL PERIOD OF THIS CONTRACT)

DISBURSING OFFICE SYMBOL

TYPED NAME OF DISBURSING OFFICER

SIGNATURE OF DISBURSING OFFICER

F. DISTRIBUTION—BY DISBURSING OFFICER

ORIGINAL—BUMED (Code 312)

2 COPIES —DISBURSING OFFICE

1 COPY —MEDICAL OFFICER'S SERVICE RECORD (Retain permanently in Record)

1 COPY —BUPERS (PERS 37—For official record)

G. VARIABLE INCENTIVE PAY RECOUPMENT PROVISIONS (For Member's Information Only)

PRO RATA RECOUPMENT IS REQUIRED WHEN:

1. VARIABLE INCENTIVE PAY CONTRACTS ARE *INVOLUNTARILY* TERMINATED BY THE SECRETARY OF THE NAVY OR HIS DESIGNEE,
2. MILITARY MEDICAL OFFICERS ENTER INTO AN INITIAL RESIDENCY PROGRAM,
3. MILITARY MEDICAL OFFICERS ENTER INTO A CIVILIAN EDUCATION PROGRAM IN EXCESS OF 100 DAYS FOR OTHER THAN MEDICAL SUBSPECIALTY OR FELLOWSHIP TRAINING,
4. MILITARY MEDICAL OFFICERS SERVING IN THE GRADE OF CAPTAIN (O-6) ARE PROMOTED TO FLAG RANK, OR
5. MILITARY MEDICAL OFFICERS DIE OR ARE RETIRED FOR DISABILITY WHILE SERVING UNDER AN EXISTING VARIABLE INCENTIVE PAY CONTRACT. WAIVERS OF THIS REQUIREMENT MUST BE APPROVED BY THE SECRETARY OF DEFENSE OR HIS DESIGNEE. (ASD(HA)).

PERCENTILE RECOUPMENT, AS SPECIFIED IN THE CURRENT SECRETARY OF THE NAVY INSTRUCTION 7220.75 SERIES, IS REQUIRED WHEN:

1. MILITARY MEDICAL OFFICERS *VOLUNTARILY* TERMINATE EXISTING VARIABLE INCENTIVE PAY, AND
 2. MILITARY MEDICAL OFFICERS FAIL TO COMPLETE THE TOTAL NUMBER OF YEARS OF ACTIVE DUTY AGREED TO IN A VARIABLE INCENTIVE PAY CONTRACT.
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